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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _____ Southwest Recovery, Inc. DOCUMENT NUMBER: P02000117290 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carolyn J. Alvarez Name of Contact Person Southwest Recovery, Inc. Firm/ Company 3061 Cardiff Street Address Punta Gorda, FL 33983 City/ State and Zip Code Info@southwestrecoveryinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 380-3628

Area Code & Daytime Telephone Number Carolyn Alvarez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Southwest Recovery, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P02000117290	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	971
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	707
	<u>;</u>
	<u></u>
C. Enter new mailing address, if applicable:	, 3
(Mailing address MAY BE A POST OFFICE BOX)	FI: 2: 04
	72
	2
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u> </u>
Name of New Registered Agent	
(Florida s	treet address)
N D 14 107 111	19. 11
New Registered Office Address:	, Florida
	,
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD_	William V. Alvarez	3061 Cardiff Street
Add X Remove			Punta Gorda, FL 33983
2) Change	PD	Carolyn J. Alvarez	3061 Cardiff Street
X Add			Punta Gorda, FL 33983
Remove Change	_		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach	nding or adding additional A additional sheets, if necessary,	rticies, enter change). (Be specific)	(s) nere.		
provisions for implementing the amendment if not contained in the amendment itself:			, ,			
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provisions for implementing the amendment if not contained in the amendment itself:						
provisions for implementing the amendment if not contained in the amendment itself:						
(if not applicable, indicate N/A)	<u>provi</u>	sions for implementing the an	nendment if not con	tained in the amend	or issued snares, ment itself:	
	(f not applicable, indicate NA)				
						•
						

ASSIGNMENT AND TRANSFER OF SHARES

Executed and Effective on July 23, 2020

IN CONSIDERATION OF THE SUM OF TEN (\$10.00) DOLLARS and other good and valuable consideration, the receipt of which is hereby acknowledged, CAROLYN J. ALVAREZ as the Personal Representative of the Estate of William V. Alvarez does hereby transfer to CAROLYN J. ALVAREZ, all of its shares in SOUTHWEST RECOVERY, INC., a Florida corporation.

Caithyn M. 1. Maore
First Witness

ACCEPTANCE

In consideration of the above Assignment, the undersigned hereby assumes and agrees to perform and abide by all covenants, conditions and transfer and obligations of the Articles of Organization of SOUTHWEST RECOVERY, INC.

First Witness

Second Witness

CAROLYN J. ALVAREZ

Second Witness

CONSENT

Disclosure of and consent to the above assignment is hereby acknowledged as of the day and year set forth.

SOLE SHAREHOLDER:

CAROLYN J. ALVAREZ

Date: 7/23/2020

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	; -	
•	(voting group)	
Dated 7/2	3/2020 Carolph Cetvals	
selecte	lirector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	
	Carolyn J. Alvarez, Personal Rep.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	